AMENDMENT TRANSMITTAL LETTER					Docket No. 04504/100M695-US1	
Application No.		Filing Date Examine				
09/392,842		September	r 9, 1999	A M Cotto	on 1617	
pplicant(s): San	nuel P. Sawan					
	AL DERMAL A AND MONITO				S FOR GENERATING	
	тс	THE COMMI	SSIONER FO	OR PATENTS	-	
Fransmitted here	with is an ame	ndment in the	above-identif	ied application.		
he fee has beer	calculated an	d is transmitted	d as shown b	elow.		
		CLAIM	S AS AMENI	DED		
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		
Total Claims	46	- 88 =	0	x		
Independent Claims	8	- 8 =	0	x		
Multiple Depend	lent Claims (ch	eck if applicabl	e) 🗆			
			<u> </u>		+	
Other fee (please specify): Petition for Extension of Time					225.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					225.00	
Large Entity				x Small Entit	у	
No additions	al fee is require	d for this amer	ndment.			
Please char	ne Denosit Acc	ount No	i	the amount of \$		
r loade char	Je Deposit 7100		"	raic amount or $\phi$	<del></del> '	
A check in th	ne amount of \$		to cover	the filing fee is en	closed.	
=						
x Payment by		arimad to abor		Danasit Assessed	N= 04-0100	
X Payment by X The Director				Deposit Account	No. <u>04-0100</u>	
x Payment by  X The Director as described	is hereby auth I below. A dup	licate copy of			No. <u>04-0100</u>	
X Payment by X The Director as described X Credit al	is hereby auth I below. A dup ny overpaymer	olicate copy of i	this sheet is e	enclosed.		
x Payment by  X The Director as described  X Credit al	is hereby auth I below. A dup ny overpaymer	olicate copy of i	this sheet is e	enclosed.	No. <u>04-0100</u> 37 CFR 1.16 and 1.17.	
x Payment by  The Director as described  x Credit al	is hereby auth I below. A dup ny overpaymer any additional fili	olicate copy of i	this sheet is e	enclosed. fees required under		
x Payment by x The Director as described x Credit al x Charge a //Lydia G. Olso Lydia Gayle Ols	is hereby auth I below. A dup ny overpaymen any additional fili an/	olicate copy of the copy of t	this sheet is e	enclosed. fees required under	37 CFR 1.16 and 1.17.	
x Payment by x The Director as describer x Credit al x Charge a //Lydia G. Olso Lydia Gayle Ols Attorney/Agent	is hereby auth I below. A dup ny overpaymer any additional fili an/ son Reg. No.: 48,4	olicate copy of the copy of t	this sheet is e	enclosed. fees required under	37 CFR 1.16 and 1.17.	
X Payment by X The Director as described X Credit at X Charge a  //Lydia G. Olso Lydia Gayle Ols Attorney/Agent DARBY & DAR	is hereby auth I below. A dup ny overpaymer any additional fili an/ son Reg. No.: 48,4	olicate copy of the copy of t	this sheet is e	enclosed. fees required under	37 CFR 1.16 and 1.17.	
x Payment by x The Director as describer x Credit al x Charge a /Lydia G. Olso Lydia Gayle Ols Attorney/Agent	is hereby auth d below. A dup ny overpaymer any additional fili an/ son Reg. No.: 48,4 BY P.C.	olicate copy of the copy of th	this sheet is e	enclosed. fees required under	37 CFR 1.16 and 1.17.	